



Arkansas Department of Health

José R. Romero, MD, Secretary of Health

Social Work Licensing Board

Ruthie Bain, Director

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REPLACEMENT LICENSE REQUEST

The Arkansas Social Work Licensing Board has a \$20 fee for a replacement license. Please include a cashier's check or money order for the amount indicated and mail this request to the Social Work Licensing Board at the mailing address listed above. **NO PERSONAL CHECKS ACCEPTED.**

Replacement wallet License card: _____ (\$20 fee)

Replacement wall Certificate: _____ (\$20 fee)

License Number: _____ Date of Request: _____

Name of Licensee: _____

Mailing Address: _____

(If your mailing address has change, please complete a Name/Address Change Form)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Signature: _____

Please mail this completed form to the address at the top of the page.